

To:
Physician
 Assistants
Physician Clinics
Physicians
HMOs and Other
 Managed Care
 Programs

Diagnosis Code Restrictions Placed on Selected Physician-Administered Drugs

Effective for claims processed on and after August 1, 2005, the same diagnosis code restrictions that apply to National Drug Codes will also apply to corresponding Healthcare Common Procedure Coding System procedure codes when billed as physician-administered drugs.

Diagnosis Code Restrictions Placed on Selected Physician-Administered Drugs

For claims processed on and after August 1, 2005, the same diagnosis code restrictions that apply to National Drug Codes will also apply to corresponding Healthcare Common Procedure Coding System (HCPCS) procedure codes when billed as physician-administered drugs.

Effective for claims processed on and after August 1, 2005, Wisconsin Medicaid will require a valid and acceptable *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code on claims for selected physician-administered drugs. Diagnosis code restrictions are based on Food and Drug Administration-approved indications and compendium standards.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of drugs that are diagnosis restricted and the respective HCPCS codes, allowable ICD-9-

CM diagnosis codes, and disease descriptions. This list includes Wisconsin Medicaid's most current information and may be updated periodically. For updated information, providers can access the physician page of the provider's section of the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Claims Submission

When submitting claims for physician-administered drugs, providers are required to always indicate a valid diagnosis code, whether using the 837 Health Care Claim: Professional transaction or a paper claim. For the HCPCS procedure codes identified in this *Update*, only the diagnosis codes listed in the Attachment are reimbursable without prior authorization (PA).

Prior Authorization for Diagnosis-Restricted Drugs

For uses outside the diagnoses listed in the Attachment, providers are required to submit the following information to Wisconsin Medicaid for approval prior to rendering the service:

- Prior Authorization/Request Form (PA/RF), HCF 11018 (Rev. 10/03).
- Prior Authorization/"J" Code Attachment (PA/JCA), HCF 11034 (Rev. 06/03).

- Peer-reviewed medical literature from scientific medical or pharmaceutical publications in which original manuscripts are rejected or published only after having been reviewed by unbiased independent experts.

Providers are reminded to indicate the appropriate approved PA number on the claim.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Diagnosis Code-Restricted Physician-Administered Drugs

The following table contains diagnosis-restricted physician-administered drugs and the corresponding diagnosis code and disease descriptions. When a physician-administered drug claim is submitted with a diagnosis listed in this attachment, prior authorization (PA) is not required. For uses outside the listed diagnosis, PA is required. Submission of peer-reviewed medical literature from scientific medical or pharmaceutical publications in which original manuscripts are rejected or published only after having been reviewed by unbiased independent experts to support the proven efficacy of the requested use of the drug is also required to be submitted with the PA request.

Note: This table includes Wisconsin Medicaid's most current information and may be updated periodically.

HCPCS Code*	Drug Name	Diagnosis Code	Disease Description
J0205	Alglucerase (Ceredase)	2727	Gaucher's Disease
J0585	Botulinum Toxin Type A (Botox)	3336	Idiopathic dystonia
		3337	Symptomatic torsion dystonia
		33381	Blepharospasm
		33383	Spasmodic torticollis
		33384	Focal hand dystonia
		34211	Spastic hemiplegia and hemiparesis affecting dominant side
		34212	Spastic hemiplegia and hemiparesis affecting nondominant side
		3440-34404, 34409	Quadriplegia
		3441	Paraplegia
		340	Multiple Sclerosis
		3430-3439	Cerebral palsy
		3518	Facial spasm
		3780-37887	Strabismus
		70521	Hyperhidrosis
		72885	Spasm of muscle
7810	Hemifacial spasm		
J0587	Botulinum Toxin Type B (Myobloc)	33383	Spasmodic torticollis
J0880 and Q4054	Darbepoetin alfa in albumin solution (Aranesp)	042, 07953	Anemia from Acquired Immune Deficiency Syndrome (AIDS)
		140-20491, 230-2386, 2388-2399, 2733	Non-myeloid malignancies or multiple myeloma
		20610	Chronic myelomonocytic leukemia
		2387, 2849, 2850	Myelodysplastic syndrome
		28521	Anemia in end-stage renal disease
		28522	Anemia in neoplastic disease
		585	Chronic renal failure

*HCPCS = Healthcare Common Procedure Coding System

HCPCS Code*	Drug Name	Diagnosis Code	Disease Description
J1440	Filgrastim (Neupogen), 300 mcg	2880	Agranulocytosis/Neutropenia
J1441	Filgrastim (Neupogen), 480 mcg	2880	Agranulocytosis/Neutropenia
J1595	Glatiramer acetate (Copaxone)	340	Multiple Sclerosis
J1785	Imiglucerase (Cerezyme)	2727	Gaucher's Disease
J1825	Interferon Beta 1A (Avonex)	340	Multiple Sclerosis
J1830	Interferon Beta 1B (Betaseron)	340	Multiple Sclerosis
J2505	Pegfilgrastim (Neulasta)	2880	Agranulocytosis/Neutropenia
J2820	Sargramostim (Leukine)	205	Myeloid leukemia
J7505	Muromonab CD 3 (Orthoclone OKT-3)	9968	Organ transplant failure or rejection
J9212	Interferon Alfacon 1 (Infergen)	07054	Chronic hepatitis C without mention of hepatic coma
J9213	Interferon Alfa 2A (Roferon-A)	07054	Chronic hepatitis C without mention of hepatic coma
		1729	Malignant melanoma
		1760-1769	Kaposi's sarcoma
		2024	Hairy cell leukemia
		2028	Non-hodgkin's lymphoma
		2030	Multiple myeloma
		2051	Chronic myelocytic leukemia
		2337	Bladder carcinoma
		2339	Renal cell carcinoma
J9214	Interferon Alfa 2B (Intron A)	07054	Chronic hepatitis C without mention of hepatic coma
		07811	Condyloma acuminatum
		1729	Malignant melanoma
		1760-1769	Kaposi's sarcoma
		2024	Hairy cell leukemia
		2028	Non-hodgkin's lymphoma
		2030	Multiple myeloma
		2337	Bladder carcinoma
		2339	Renal cell carcinoma
J9215	Interferon Alfa N3 (Alferon N)	07811	Condyloma acuminatum
J9216	Interferon Gamma 1B (Actimmune)	2881	Chronic granulomatous disease
		75652	Osteopetrosis

*HCPCS = Healthcare Common Procedure Coding System

HCPCS Code*	Drug Name	Diagnosis Code	Disease Description
Q0136 and Q4055	Epoetin (Epogen and Procrit)	042, 07953	Anemia from Acquired Immune Deficiency Syndrome (AIDS)
		140-20491, 230-2386, 2388-2399, 2733	Non-myeloid malignancies or multiple myeloma
		20610	Chronic myelomonocytic leukemia
		2387, 2849, 2850	Myelodysplastic syndrome
		28521	Anemia in end-stage renal disease
		585	Chronic renal failure
Q3026	Interferon Beta 1A in Albumin (Rebif)	340	Multiple Sclerosis

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